

Interweaving the Proposed Work from SEC Challenge Groups, the General Assembly & Others

This document includes SEC challenge group ideas, General Assembly directives and requests, various study suggestions, SLAT ideas, and CSA coordinator regional network ideas. The specific recommendations and work have not been approved by the SEC. The SEC will prioritize the work (*eg. work that has the most impact and can be accomplished realistically before November, or prepared for the upcoming GA session, or in the next two years.*)

Family Involvement

- Develop *plan to improve communications and participation* with families. (SEC #2)
- Lead collaborative effort by Secretary of Health and Human Resources to implement *statewide family resource and advocacy* program – report due before 2006 session. (Letter from COY)
- Direct the Department of Mental Health, Mental Retardation and Substance Abuse Services to lead a collaborative effort with other child serving departments, parents, and advocacy organizations to develop and implement a *statewide parent/family resource and advocacy* program that is coordinated with existing programs and affiliated with the Federation of Families for Children’s Mental Health. (SEC Custody Relinquishment Study)
- Report and recommend *changes that strengthen child advocacy* in the Commonwealth. (Budget language)
- Develop *parent advisory council to the SEC*. (SEC #2)
- Finalize *frequently asked questions* for families/guardians and case managers. (SLAT)

Best Practices; Technical Assistance & Training

- *Direct all agencies* represented on the State Executive Council to develop and implement technical assistance and training for localities focusing on the *dissemination of best practices* in the areas of access to mental health, parent collaboration, early intervention and development of a system of care model. This can best be achieved by working with the well-established, nationally recognized associations and organizations readily available to state and local jurisdictions. These resources include:

- National Resource Centers supported by the Children’s Bureau of the federal Health and Human Services (available at no cost to Virginia)
 - Bazelon Center for Mental Health Law
 - Child Welfare League of America
 - National Technical Assistance Center for Children’s Mental Health, Center for Child Health and Mental Health Policy, Georgetown University Child Development Center
 - SAMSHA Center for Mental Health Services – Systems of Care information
 - Federation of Families for Children’s Mental Health
- (SEC Custody Relinquishment Study)

- Continue process to review and identify Virginia and national ***best practices*** that demonstrate results in improving access to behavioral health treatment and the reduction of custody relinquishment. (SEC Custody Relinquishment Study)
- Provide training that develops and maintains a ***consistent knowledge base*** regarding CSA requirements and options for individuals administering CSA funded services in all localities. Improving the quality of decision-making at the local level as well as ensuring that children served through the CSA process receive appropriate assessment and development of the most effective service plan. (SEC #5)
- Offer training and technical assistance to CSA Coordinators on potential use of grant funding, how to ***apply for grants***, and work as a partner with communities to develop cooperative or regional projects that can make use of such funding. (SEC #3)
- Offer consistent and comprehensive training and technical assistance to CSA coordinators on the types of, and use of ***federal funding*** to best meet the needs of children and families in the community. (SEC #3)
- Improve ***OCS and VISSTA coordination***. (SEC #2)
- Support ***regional training/resource days***. (SEC #2)
- Reconvene the ***training and technical assistance workgroup*** (CSA Coordinators)

Coordinate policies & practices across child serving agencies

- Direct each child serving agency to initiate an immediate ***review of all policies, procedures and practices*** and to bring forward specific recommendations for changes that would enhance parental collaboration and involvement, enhance and expand access to appropriate mental health treatment, and reduce the variability in the implementation of services. (SEC Custody Relinquishment Study)
- Examine the roles and responsibilities of the State Department of Education and the accountability of local school divisions in terms of the provision and cost of services specified by ***IEPs for CSA-eligible children***. (SEC #3)

- Determine best practices in terms of managing and ***coordinating IEP cases***, and find ways for the state to encourage and fund more in-school or community-based services where appropriate. (SEC #3)

Utilization Management

- Evaluate and then recommend a ***mandatory uniform assessment instrument***. The review shall include the positives and negatives of specific uniform assessment instruments. The review shall compare the CAFAS and other potential instruments. Factors to be considered: clinical utility; cost of the instrument; training time and cost; and number of agencies that would be required to change instruments. Ensure the Commonwealth is utilizing the best, most effective and cost efficient assessment instrument when evaluating and monitoring children served by CSA. SLAT shall be responsible and obtain input from stakeholders. (SEC #5)
- Identify ways to use the ***mandatory uniform assessment instrument*** to its fullest capacity. This evaluation shall include ways to change the culture from one of looking at the instrument as an administrative hurdle to one of clinical utility. Training needs shall be identified. Accountability will be assigned to the CPMT for identifying local change agents to monitor the change process. (SEC #5)
- Establish an ***integrated model of utilization management*** (UM) that utilizes the SEC endorsed framework. Creates consistency in the application of UM practices among localities for CSA. This can lead to appropriate systematic changes, which improve the overall operation of the program. Activities shall include:
 - Developing statewide training on the endorsed model, adding and revising VISSTA training, establishing a minimum requirement for training at local level
 - Adoption by the SEC of either established national criteria or CSA developed criteria for admission, continued stay, and discharge.
 - Identify persons accountable for utilization management
 - Establish an SEC Roundtable that meets at least annually with CPMT chairpersons to discuss UM expectations and related issues.
 - Revision of code as indicated
 Responsibility: SEC and Training and Technical Assistance Group. (SEC #5)

Continuum of Services

- Support development of an appropriate, accessible, and outcomes based continuum of ***behavioral health and substance abuse treatment services*** for Virginia youth that at a minimum includes the following. (SEC Custody Relinquishment Study)

assessment and diagnosis	medical management
behavioral aide services	mental health consultation
case management services	outpatient psychotherapy
crisis residential services	respite services
crisis services	school-based services

day treatment/partial hospitalization services
early intervention and prevention
family support/education
home-based services
inpatient hospital services

therapeutic foster care
therapeutic group homes
residential treatment centers
transportation
wraparound services

- Work with highly-stressed communities to ***develop partnerships and regionally-based services*** that may allow them to serve children more economically, recognizing that local governments vary greatly in their capabilities of accessing resources as it relates to required local match. (SEC #3)

Funding

Pool Funds

- Seek budget amendments to the introduced budget for each biennium to allot a greater percentage of the CSA pool of funds to the base allocation and decrease the dependence on ***supplemental funding*** to meet existing, documented needs. (SEC #3)
- Fully implement the relief identified in the Secretary's Study re: the need for local governments to file/request ***supplemental funding***. Changes have been made to this funding strategy but base allocations continue to fall short of the funds needed to serve mandated populations. Rationale: Reduce the number of localities requiring supplemental funding. (SEC #5)
- Support budget language to restore a core CSA tenet of maintaining a ***cap of 45 percent on the local match*** for mandated services paid through the CSA pool of funds. (SEC #3)
- Examine the potential of instituting a ***stop-loss provision*** for localities whose pool expenditures total more than three times the cost of the prior year, due to an unforeseen addition to their caseload after the beginning of a fiscal year. (SEC #3)

Fiscal incentives

- Analyze the financial implications of increasing the CSA targeted ***non-mandated levels*** of funding. (SEC Custody Relinquishment Study)
- Consider reducing, with the intent to eliminate, the local match requirement for services to children ***not-mandated*** for CSA. (SEC #3)
- Explore differential matches for CSA funding, specifically related to incentives for localities to use CSA ***non-mandated funds*** and request necessary policy and code changes that would reduce the local match requirement for localities using their non-mandated CSA allocation. (SEC Custody Relinquishment Study)
- Encourage ***prevention, early intervention*** and the use of least ***restrictive, community-based*** services with differential CSA match rates for localities for these services. Specifically, the SEC shall review and analyze a differential match rate on mandated

foster care prevention funding used to purchase community-based, non-residential services. (SEC Custody Relinquishment Study)

Identify new funding strategies

- Advocate for greater state funding for ***behavioral health services*** for children of Virginia (SEC #3)
- Expand funding for ***behavioral health services*** for youth. (SEC Custody Relinquishment))
- Review, analyze and develop specific recommendations for development and funding of ***community based services infrastructure and program start-up***. (SEC Custody Relinquishment Study)
- Examine ways to most effectively furnish and pay for the treatment of ***children whose needs require the use of long-term residential services***. (SEC #3)
 - ***Identify all funding streams, public and private***, available to the state to support CSA ***prevention and intervention services***, including services for children not mandated for services under CSA.
 - Designate an entity (eg, OCS under the direction of the SEC) to seek, coordinate, and champion the use of such resources.
- Examine the State Corporation Commission (SCC), Bureau of Insurance's role in exploring ***mental health parity*** for at-risk youth and the inclusion of a full service continuum in private sector insurance. Specifically, explore the use of private insurance funds for home-based, day treatment, and crisis stabilization in order to prevent more expensive hospitalization. Further, consider "hold-harmless" in which funding for hospitalization could be redirected without exceeding existing financial risk. (SEC Custody Relinquishment Study)

Medicaid

- Explore funding ***options allowable*** under the Medicaid and State Children's Health Insurance Programs including those implemented in other states. (SEC Custody Relinquishment Study)
- Advocate for ***realistic Medicaid reimbursement rates*** (that are indexed for inflation) for hard-to-purchase services including outpatient therapy, day treatment, personal assistants (particularly for MR and DD), respite and companion services. Advocate for the expansion of services eligible for reimbursement, including substance abuse services. (SEC #3)
- Support and work with state and local partners to fund additional ***waiver*** slots and develop new waiver programs that can be used to meet the increasing need for community-level services and preventive services to keep children from escalating into crisis situations and out-of-home placements. (SEC #3)

- Provide local governments with an electronic version of their monthly ***CSA billings report summarizing the CSA Medicaid eligible payments*** made on behalf on their locality. Rationale: Will eliminate significant redundant keying at the local level. Provides more efficient, accurate and timely Medicaid reporting, and local monitoring of Medicaid payment to providers. Responsibility: DMAS with OCS and local CSA. (SEC #5)

State Support to Ease Administrative Burdens

- ***Provide additional funds*** to ease substantial administrative demands on localities for mandated program, which includes the important functions of utilization management and data reporting. Currently \$1.5 million in general funds is appropriated ***for local administrative costs*** to support the \$241 million state/federal program, excluding the required local match. Local administrative allocations are formula-based, ranging from \$12,500 to \$50,000 as specified in the Appropriations Act and include both the state allocation and required local match. Most localities receive between \$6,500 and \$10,375 in state funds; the most localities receive is \$37,725. (SEC –IT)
- Decide if the ***standardized contract language*** developed as a result of the Secretary’s Study, will be mandated for all localities. Rationale: Since the processes and core requirements that all localities must meet in administering CSA are the same, it should be feasible to develop some standard documents that address those requirements. If a standardized contract was used resources would be saved for localities and vendors in the contract review process.
 - Re-convene the workgroup to ensure that contract language remains relevant given that time has elapsed.
 - SEC will then make decision. (SEC #5)
- ***Evaluate*** establishing a ***state rate for services***. Rationale: Establishing a state rate to eliminate significant locality burden and afford the state input into containing and understanding costs for services for CSA youth. Several “border” states, e.g. Pennsylvania , Maryland and the District of Columbia, currently have a statewide rate setting process. (SEC #5)
- ***Analyze rates*** for services over time, including impact of Medicaid rates. (from interviews)
- ***Standardize*** formats and forms in key processes required for administering CSA funded services, including ***purchase orders, invoices***. Rationale: Establishing a common system for generating purchase orders and invoices to simplify billing processes, reduce errors and, consequently, reduce administrative costs. Define the necessary elements, develop and implement statewide a standard purchase order format and invoice format. Existing locality automated purchase order and invoicing systems will be considered. (SEC #5)
- Streamline and ***reduce procedural requirements*** (such as requiring all children are FAPTed), ***focus on improving child outcomes*** to ensure the right people are at the table (from interviews)

Data, Outcomes & Quality Improvement

- Continue the **Information Technology Workgroup** to serve as a clearinghouse for the SEC to assess the impact of data changes on localities. Continue the **Users Group** to continue implementation and troubleshooting issues. (SEC IT)
- **Use current data** to the fullest, finetuning data elements with only necessary and prioritized changes. Identify and prioritize a **few key outcomes** that capture impact on child & family. **Ensure funding** is provided to support additional data requirements. (SEC IT)
- Establish a **Quality Improvement Process** designed to insure ongoing assessment of the program's achievement of its vision, and provide for systematic evaluation of performance and processes throughout the program to better respond to the needs of the at-risk youth and their families. (SEC #4)
 - **Survey participating stakeholders.**
 - Administer to families while during the local FAPT process
 - Complete on an annual basis by other participants (providers, case managers, FAPT members, CSA Coordinators, and CPMT members.)
 - Survey process cannot be comprehensive without a significant administrative burden. Therefore, narrow the evaluation to 3 to 4 areas of priority concern by SEC, SLAT or a pilot survey.
 - To examine the effectiveness of services, use several existing and some added data elements to provide both **outcome measures**.
 - Identify: a) restrictiveness of treatment; b) level of functioning; c) achievement of service plan goals; d) effectiveness of specific vendors, or of a treatment modality with a particular reason for service.
 - Assess annually to identify areas of focus that need improvement. OCS summarize data annually. SLAT analyze the data and make recommendations to SEC.
- Develop **statewide quality guidelines for services** and implement a rating tool to assess quality of services provided. (Central Region CSA Coordinators)

Communication

- Develop comprehensive **marketing/public relations plan** for CSA (SEC #2)
 - Conduct communications needs assessment – OCS
 - Identify internal/external stakeholders and develop plan of strategy for each group
 - Institute various methods of communication, create feedback loop, and evaluate effectiveness.
 - Provide clear explanation of CSA. Market with clear literature and other media.
 - Provide regular updates of CSA improvement areas/success stories.
- Enhance communication with **legislators** (SEC #2)

- Enhance communication with ***all CSA stakeholders***
 - Enhance communication between OCS and CSA coordinators, CPMTs, local government administrators. (SEC #2)
 - Improve communication among CSA Secretariats (SEC #2)
 - Include all stakeholders on key issues (SEC #2)
 - Initiate regional forums (SEC #2)
 - Participate in existing stakeholder forums and meetings. (SEC #2)
- Implement ***electronic methods*** to enhance communication
 - Initiate quarterly electronic newsletters which are strength-based (SEC #2)
 - Institute CSA website email reminders/updates (SEC #2)
 - Incorporate links to CSA on stakeholder agencies'/Associations websites.) (SEC #2)
 - Maintain an annual calendar of stakeholder forums and meetings to provide access to information on these meetings. (SEC #2)

Coordinate All State Children's Services Across Agencies

- ***Develop mechanism to coordinate*** with other affected Secretariats all state level children's services in the Commonwealth. This coordination should include, but not be limited to, the current efforts underway related to the state's Program Improvement Plan (PIP) developed in response to the federal Child and Family Services Review (CFSR) to improve access to mental health services for youth, and the expansion and enhancement of access to child and adolescent mental health services. (SEC Custody Relinquishment Study)
- Review and ***analyze alternative models of child serving systems*** that reduce or eliminate categorical funding, decrease fragmentation, and support cost containment strategies. (SEC Custody Relinquishment Study)

Custody Relinquishment Alone Recommendations

- The Department of Social Services shall collaborate with other child serving agencies to develop, by July 1, 2005, a method for ***tracking the incidence*** of custody relinquishment for the sole purpose of obtaining behavioral health treatment services. (SEC Custody Relinquishment Study)
- The Department of Social Services shall, in collaboration with other state and local partners, revise, disseminate and train localities on clearly defined ***policies and procedures*** regarding the use of voluntary placement agreements that will encourage the appropriate use of these options. Areas to be addressed include but are not limited to: collection of child support; access to treatment foster care; and non-custodial foster care case management practices. (SEC Custody Relinquishment Study)
- The Department of Social Services shall put forth revisions to the Code of Virginia, Departmental policy, and if necessary, will promulgate emergency regulations to ensure ***consistency between public and private child welfare agencies*** in all areas that effect parental access to the full range of placement services as allowed by the Code of Virginia. (SEC Custody Relinquishment Study)

Advocate for changes in federal laws, regulations, and funding to reduce or eliminate the need for families to relinquish custody for the sole purpose of accessing behavioral health treatment services. Specifically, the SEC should advocate for passage of the Family Opportunity Act (S. 622, H.R. 1811) and the Keeping Families Together Act (S. 1704 and H.R. 3243). (SEC Custody Relinquishment Study)